

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Report Filed By Committee Filer Identification Candidate (Mark X) Number Name of Filing Committee, Candidate or Street Address City 1650C Type of Report (Place x under report type) 1-6<sup>th</sup> Tuesday 2-2<sup>nd</sup> Friday 3-30 Day Post 4-6<sup>th</sup> Tuesday 5-2<sup>nd</sup> Friday 6-30 Day Post Pre-Primary Pre-Primary Pre-Election Election Special 30 Day : 7- Annual Special 2<sup>nd</sup> Friday Pre-Election Post-Election Amendment Termination Date Of Election (MM/DD/YYYY) Report Report For Office Use Only Summary of Receipts and Expenditures > A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule I) Catotal Funds Available (Sum of Lines A and B)

D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Une C) » F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this une of Person Submitting re Commonwealth of Pennsylvania - Notary \$ EUN LINDA S. McCABE, Notary Public **Printed Name Erie County** My Commission Expires April 24, 2024 My Commission expires Commission Number 1247541 Daytime Telephone Number Part II- if this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this Commonwealth of Pennsylvania - Notary Seef McCABE, Notary Public LINDA S Printed Name **Erie County** My Commission Expires April 24 2021 My Commission expires Commission Number 1275541 Daytime Telephone Number

### SCHEDULE I

# Contributions and Receipts Detailed Summary Page

Aller (dentification: Number	CT	E	Kathy Fatica	
			· <b>V</b>	

1. Unitemized Contributions and Receipts \$50,00 or Less per Contributor	
Total for the reporting period (1)	\$ 1065.00
.2: Contributions of \$50.01/to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 1000.00
All Other Contributions (Part B)	\$ 4165.00
Total for the reporting period (2)	\$ 1000.00 4165.00 5165.00
3i. Contributions:(Over \$250)00 (From Part C and Part D).	
Contributions Received from Political Committees (Part C)	\$ 5500.00
All Other Contributions (Part D)	\$ 3000:00
Total for the reporting period (3)	\$ \$500.00
4. Other Receipts-Refunds; Interest Earned, Returned Checks; ETC. (From Part E)	
Total for the reporting period (4)	\$ à
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 14,730,00

#### **SCHEDULE II**

## **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	CTE P	KAthy	FATICA	
		/		
1. UNITEMIZED IN-KIND CON	VIRIBUTIONS RECEIVED-	VALUE OF \$50.00 O	R LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	· · · · · · · · · · · · · · · · · · ·	
		U;U1 T@ \$250.00 (FF	OM PART F)	The second secon
TOTAL for the reporting period	(2)	\$	(5180)	
3 IN-KIND CONTRIBUTION F	1-10-4141-30-441-441-441-441-441-441-441-441-441-44	250.00 (EPINA BAD		
A training of the second of th		230.00 (FNOW FAR		
TOTAL for the reporting period	(3)	\$	580	
TOTAL VALUE OF IN-KIND CONTRIB	ITIONS DURING THIS RE	PORTING S		
PERIOD (Add and enter amount total	als from boxes 1, 2, and	1		<b>u</b> ,
on Page 1, Report Cover Page, Item	F)		580	

#### PART A

# **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer (dentification Number	TE X	Athy FA	+icA	
EGENOLOGICAL CARRIED SERVICE SERVICE CONTROL				Amount
Full Name of Contributing Committee	rie Fi	No leather	PAC 10/2/17	250.00
House # Street Addre		∠ 3 5 7 6	Date [MM/DD/YYYY]	
City Crie	State	Zip Code 165	OS Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	<b>)</b>
House # Street Addr	ess		Date [MM/DD/YYYY]	5 2
City	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Committee				\$ \$
House# Street Addr		1.22 (1.00 x 1.00 x 1.0		5
City (// S) Full Name of Contributing	State	Zip Code	Spate [WM/DD/AYAY]	\$
Committee  House # Street/Addr	ess		Date [MM/DD/YYW]	\$   
<u>Gitý</u>	State	Zip Gode	*Date [MM/DD/YYYY]	\$ 2
Eull Name of Contributing			Date MM/DD/XYYYI	\$
Committee  House # Street Add	ress		Date [MM/DD/YYY]	**************************************
Gity	State	Zip Code	Date [MM/DD/YXXX]	<u>\$</u>
Full Name of Contributing Committee		- Investigation of the second	*Date [NIM/DD/YYYY]	
House # Street Add	ress		Date(MM/DD/YYYY)	<b>15.</b>
City	State	'Zip Gode	Date [MM/DD/YYYY]	<b>(\$</b>

#### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number CTE Kathy Fatica	J	
2000 to the second contract of the second con		Amount
Full Name of Contributing Committee  CTE John Loomis	0 8/25/17	100.00
House # 5704 Street Address Janes Lane	Date [MM/DD/YYYY] \$	
City Crie State PA Zip Code 16506	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee  Romeriu Jan D 19	Date [MM/DD/YYYY] \$ Solution [MM/DD/YYYY] \$	100.00
House # Street Address Pascales		
Crie State PA Zip Code 116505	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee Crie AFL-CIO Cape Fund	Date [MM/DD/YYYY] \$	100.00
House # 32 Street Address W8 St. #604	Date [MM/DD/YYYY] 5	
City State PA Zip Code 11.501	Date [MM/DD/YYYY] \$	
Committee CTEFla Fahringia	Date [MM/DD/YYYY] S 8/3///7	100.00
House # 3417 Street Address Paplar	Date [MM/DD/YYYY] 5	
City Crie State PA Zip Code 16505	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee Friends of Rat Hur here	9/4/17	100.00
House # Street Address Schley	Date [MM/DD/YYYY] \$	
City Crie State PA Zip Code 16508	£ (4 var	
Full Name of Contributing Leavyl Joseph (OPAC)	Date [MM/DD/YYYY] \$	250.00
House # 2222 Street Address West Greendmen	Date [MM/DD/YYYY] \$	
City Crie State PA Zip Code 16506	Date [MM/DD/YYYY] \$	

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

CTE Kathy F	atica	
Full Name of Contributor	Date (IVIM/DD/YYYY) \$	21
House #   Street Address	9/21/17 Date [MM/DD/YYYY] \$	200.00
Street Address State St.		
City Pre State PA Zip Code 16501	*Date [MM/DD/YYYY] #\$	
Full (Name of Contributor	Date [MM/DD/YYYY] 5	£ 250.00
Höllse# Street Address Westwood Catales	Date [MM/DD/WWI] 3.5	20000
City Crie State: Pr Zipicode 16506	Date (MM/DD/YYYY) S	
Full Name of Contributor Linda King	9/18 /17	250.00
House # 320 Street Address West 7 St.	Date [MM/DD/YYYY] % \$5	
City Crie State PA Zip Code 16502	Date [MM/DD/YYYY] S	
Fall Name of Contributor Carol Perrotto	Date [MM/DD/YYYM] S	100.00
House # 382 Street Address Bannie Bral	Date MM/PD/MM1 % &	
Crie State PA Zip Gode 16511	Date [MM/DD/M/M] \$	
Full Name of Contributor  Julie Slomski	9 /32 /17	100.00
5510 Street Abeliess Hill Street	Date [MM/DD/YYYY] &	
Crie State PA Zipicode 16509	Date MM/PD/MYMM	
Frijikemejoj contabutoj	Spate (NIM/DD/AMM)); 45	
House## Street Address	Date [MM/DD/XYYY] := \$	
Gity State Zin code	@Date [MM/DD/AYYYI] # \$	

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

# OTE Bathy Fatica

		والمتالك والمستنب والنباو والمستبرات ويبيها
Failiname of Contributor Mary Weibler	9 / 1 0 / 17	100.00
House # 34 Street Address Ningra Lie	Date [MM/DD/YYYY] 8	
City & Eise State PA Zipicode 16507	Date [MM/DD/YYYY] . S	
Thamas Talarica	Date [MM/DD/XYXY] S 9 /2 1 /17	4250,00
1-10USE # 510 Street Address Cranherry # 301	*Date [MM/DD/XYYY] \$	
City Crie PA Zip Code 16507	SDate (MM//DD//YY/W) S	
Full Names of Contributor Jaseph Maloney	9 /2 / //7	\$250,00
House # 401 Street Address Glennuach	Date [MM/DD/XY/Y/] S	
City Crie State PA Zip Goda 14505	Date [MM/DD/YYYY)] S	
Full Name Of Contributor James Schaffner	9 /2 1 /17	\$250.00
House # 9343 Street Address Hanal Rd	Date [MM/DD/XYYY] > \$	
City Waterfund State Pit ZIP Code 164141	Date/[WIM/DD/AAAAA]	
Hulliname of Contributor Lahert Merchi	Date [MM/DD/YYYY] 3 S	100,00
House's 1424 Street Address Homeland Blud	-Date [WM/DD/AYYA] S	
city Erre State PA 2/10 Godes 16509	/pate[MM/PD/AYYM]	
Hull Names of Gontiabutor Michael Budlah	9/21/17	100,00
House# 4121 Street Address alice of and	(Date:[MM/DD/AY0Y())	
City Cre State PA 210 Code 16506	Date (MM/DD/YYYY) \$	

(1050.00)

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

# Files in entification Numbers CTE Kathy Fatica

		The state of the s
Fiduliname of contributor al Richardson	Date [MM/DD/YYY] \$ 5 9 / 7 / 1 7 Date [MM/DD/YYY] \$ 5	\$ 100.00
Höuse # 27 Street Address Niagra Pier		
Gity Crie State PA Zip:Code 16507	Date [MM/DD/YYYY]	
Filliname of contributor Mary alice Boolin	pate [MM/DD/YYYY] \$	\$150.00
HOUSE # 84/ Street, Address Black Haven	Date [MM/DD/YYYY] \$	
City Cie State PA Zip.Gode 16505	Date [MM/DD/YYYY)] S	
Filliname of Contributor Terry Craher	Date (MM/90//YYV) S 9 / 7 / / 7 Date (MM/00/YYY) S	100.00
House # Street Address Mulhair		
City Earsum PA 210 Code 16415	Date [MM//DD/\\\\\)	
Full Name of Contributor Patti Hayer	Date IMM/DD/YYYYI S	\$100.00
House # 5506 Street Address Stone Run Re		
Farmer State PiA Zipicode 16415	MDate/[MIN//DD//XXXXI]	
FulliName or Contributor Livingi Parquale	9/10/17	\$ 70.00
Höuse 4 4551 Street Address Neptione	Date [MM/DD/AYYXI]	
GIV Erie State PA Zipicoller 1650L	Date MM/DD/////M	<b>336</b>
Hull Name to te Contributor Cran adair	9/14/17	#250.00
THOUSE'H. 537 Street: Address Colleen Ru.	Date (MM/DD/XXXX)	
Ciby Crie State PA 240 Code 16505	pate (MW/DD/AAAA)	

Total 770

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

## भित्रिक विकास स्थापन स्थापन विकास adlatiame อักรอกับปลากับ 70.00 fattiste in 4643 city 16506 and we me of Contiduors 100.00 4627 16506 Contention Department galliganical (contributor 70.00 pateliyin/bib/s/// iona-i State addition 4632 cht. 16506 anthrance despitation 100.00 alouse II 98 16506 aiffaltemasii/sentalinnen 100.00 Date (MW/DE//Y/60) 1552 Jily/ 16505 izoli (venerale) assimulaurous 250.00 (a) 6009 16505

Tatal 690

PAGE	(	)F	

#### PART C

## CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

**OVER \$250.00** 

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	A		- 1	Reporting		
CTE Kathy F.	at	ica		From 💪	<u>=5-,1</u>	<u>フ To 10・23-17</u>
· · · · · · · · · · · · · · · · · · ·				DATE		AMOUNT
Full Name of Contributing Committee	/ (re	neismil PAC	OS	/ //	×≅AF	\$ 2500.00
Mailing Address 100 State St	ees	# # 440	10	20	YEAR / 7	\$ 2500.00
City (1	State 14	", "	MO		YEAR	\$
Full Name of Contributing Committee	1 14		540	DAY	YEAR.	
CTE Ryan Bung Mailing Address	an	ro	10	14/	17	\$ 500.00
6350 Deadown	u	e Lane	MO		YEAR	\$
City Crie	State	Zip Code (Plus 4) 16505	M-0.	DAY	HEAR	\$
Full Name of Contributing Committee	<u> المحمودة المجار</u>	<u> Marijora (j. 18</u> 16). 1	MO	DAS	76-75	\$
Mailing Address			MiC.	DAY	Y2 3.5	\$
City	State	Zip Code (Plus 4)	MG	DAY	YEAR	\$
Full Name of Contributing Committee		रही देशक <u>"तारा क्या के द्वार</u> की द्वारा कुनकान है।		O DAY	WY SAIS	and the state of t
Mailing Address		<u> </u>	NAS.	DAY	V = A 5	\$
Cin.	T PALL	Tip Code (Direct)				\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributing Committee		gentral (1994), et al <u>al parti</u> ente et l'inflège.	M.C.	DAY		\$
Mailing Address			MO	52.5	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAI	RABY	\$
Full Name of Contributing Committee	discourse and	ti zasz. Pozosza szer elemente (z z z z z z z z z z z z z z z z z z z	William View			\$
Mailing Address			Mile	DAY	7EAR	s
City	State	Zip Code (Plus 4)	NIO E	ĐAY		
						\$
Full Name of Contributing Committee						\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO	C AV	Y	\$
Full Name of Contributing Committee		Maria de la persona de la composición del composición de la composición de la composición de la composición del composición de la composic	MO	DAY	MEAS	\$
Mailing Address				6/4/	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
	<u> </u>					PAGE TOTAL
Enter Grand Total of Part C on Sche	dule l	I, Detailed Summary	y Page	, Sectio	n 3.	\$ 5500.00

#### PART D

## **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number: CTE	Kathy Fatica	
Full Name of Contributor		Date [MM/DD/YYYY] 5
Tha	mas Vagen	8/14/17 2500.00
House # 5727 Street Address D	1 Bed 10905	-Date [MM/DD/YYYY] \$
Gity .	State O Zip Code 16506	Date [MM/DD/YYYY] \$
Employer Name C	TA 165/4	Occupation
Employer Mailing Address /	1800 Mc Clelland Co	ie, PA 16510
Principal Place of Business Full Name of Contributor	in the care	Date [MM/DD/YYYY] \$ 4
Mica	had Visnashy)	9 /15 /17 \$ 500.0  Date [MM/DD/YYYY] \$
House # Street Address	-orrest Xing	
City	State PA Zip Code 16506	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Name of the state
Full Name of Contributor		Date [MM/DD/YYYY] \$
House# Street Address		Date [MM/DD/YYYY] \$
	(March 1920) (Marc	Date (MM/DD/YYYY) S
City	State Zip Code	THE COLUMN TWO IS NOT THE REAL PROPERTY OF THE
Employer Name	19 Mer moore regueral	Occupation
Employer Mailing Address / Principal Place of Business		Date [MM/DD/YYYY) \$
Full Name of Contributor		Date [MM/DD/-FT11]
House # Street Address		Date [MM/DD/YYYY]. \$
	State Zip Code	Date [MM/DD/YYYY] = \$
City		
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		

### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Numbers		December 11		
Full Name  [House # Streety  Gity  Receipt Description]	et Address	State	ZID Gode	Date MM//DD//MYYI
City Receipt Description	eatsAddress	State	ŽÍP /(cōđe.	Baics MW/DD/AWYYI
Gity Receipt Description:	eet Address	State	Zip -Code	Date[MM/Jdd/YYYY] > \$
Gity  Receipt Description	eet Audress	State	Zip Code://	Date MM/DD/MW/A
FidiliNames  (Housel#)  Gity  Receipt: Description	eet Addiness	State	Zje Code	2Date HVIM/DD/XXXXI
House:# Str (Gity)  Receipt Description	eet/Adithess	State	Zip, Gode	adates (MIMI/DD/YYYYY)

# SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number: CTE KATHY FATIC	A
Fall Name of Contributor	Date [MM/DD/YYYY] \$
JAMES PERROTTO	9/21/17 200,00
House # Street Address	Date [MM/DD/YYYY] \$
The state of the s	Date [MM/DD/YYYY] \$
City Erie PA 210511	The state of the s
Employer Name	Occupation D.J.
Employer Mailing Address / Principal J, Remotto DJ Place of Business	Description DJ Semices of Contribution for fundament
Full Name of Contributor.	Date [MM/DD/YYYY] \$
Senior News	10 / 1 / 17   190.00   Date [MM/DD/YYYY] \$
House # 3714 Street Address Zuch Rd	10/10/17 190,00
City Crie State PA Zip Code 16506	Date [MM/DD/YYYY] \$
Employer Name	Occupation A A A A A A A
Employer Mailing Address / Principal Place of Business	Description Neurpaper of Ad.
Full Name of Contributor	Date [MM/DD/YYYY]\$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

## SCHEDULE III

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period	
CTE Kath	if)	Fatica	ا ر	From <u>6 = 5 ~/</u>	7 To <u>/o -23 -1</u> 7
To Whom Paid	· · · · · ·			DAY YEAR	Amount
Staples Mailing Address			04	ption of Expenditure	\$ 101.02
1902 Keystone)	Du	ne	P	ast Car	de-Printed
City	State	I ZID GDOE THUS AI	1	Dostage	
To Whom Paid	154	16307			
Clatine Impre	nt		06	26 17	Amount \$ 348.00
2070 West 11 S	<del></del>			otion of Expenditure	
City Crie	State PA	Zip Code (Plus 4)			
Scatish Rite,	vins i was.	territoria programa de la composición		DAY YEAR	Amount
Mailing Address	1 ,	10 0	O S Descrip	otion of Expenditure	\$ 100.00
City 2 - Old Zuch	Coll.	POBOL 9007	• /	~ /	onroom
"Crie	State	Zip Code (Plus 4) 16505			
To Whom Paid	$\mathcal{R}$	rejitatusee (k. 1919) tuus kaa <sub>saa</sub> järiteli		2 /3 /7	
Malling Address 5028 West Ligar	1		Descrip	otion of Expenditure	Company of the second s
City 0	State	Zip Code (Plus 4)	- ' '	parta	ge -
<u> </u>	14	Zip Code (Pius 4)			
To Whom Paid Sterner Club R	3			DAY YEAR	Amount < 3/
Mailing Address	C 1	1		tion of Expenditure	\$ 65.36
City 2	State	Zip Code (Plus 4)	pa	sicingle,	envelope
eue.	HA	16509		pe	
To Whom Paid Fine wine + Spi	it	(K)	MG.	7377	Amount <b>32,8</b> 1
Mailing Address	. ,	1.1		ntion of Expenditure	
City C	State	Zip Code (Plus 4)	14)	C Dem	Suppless
<u> </u>	MA	16506	po	- Accor	ii *
To Whom Paid		te (R)	NG.	DAY FAS	Amount
Mailing Address	<u> </u>		Descrip	tion of Expenditure	\$ 4/7,65
City A	State	Zip Code (Plus 4)	M	C Dem	Supplier
_ kue	PA	16506	pa	a pu	nei
To Whom Raid		en de la companya de		ÇAY YEAR	Amount
Mailing Address	72		O 8 Descrip	129 />	\$ 56,22
city 1902 Leystone)	سن	7:- Ocd- /8: 4	C	pien	*printer int
"Crie"	State O <sub>1</sub> 1	Zip Code (Plus 4) 1650-9			
			<del>, - , - , - , - , - , - , - , - , - , -</del>		PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1, 1	Report Cover Pa	ige, it	em D.	\$ 760.86
					1 2000

# CTE Kathy Fatica

aled in the street of the second

County of Crie	Date [MM/DD/JAYYI] \$ \$ 38,00
Houselff. Street Address U (2 5 )	Description of Expenditure
Gir (1 rie State PA Gode 1650	Capies + CA
	Description of Expenditure
House'H 612 Street Address W 2 St.	Description of Expenditure
(2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Eund Rainer
TOWNTOWN Raid W Sams Club	6/15/17 59.48
House 7200 Street Address Plack	Description of Expenditure
Gity Crie State PA Goodes 16509	parade supplies
To Whom Paid Wal-Mart	8 117 22.97
SHOUISE# 6360 Sircet/Address Wash Ridge Bol	Description of Expenditure
Gity 6 Gode 16506	printer inh
To, Wriem Paid & Sance Club	9/2/i7 86.41
House# 3750 Street Address W. Market St.	#Description of Expenditure
Fairlaun State 04 Gode 1	fundiques parallem SS
TO Whomiraid Wine & Spirits	917/17 71.48
House # 2501 Street Address W 12 St.	Description of Expenditure
	fundraise implies
MoWhomPaid Staples	9/Q1/17 38.13  Description of Expenditure
House# 1902 Street/Additions Keystone	
Giv Crie PA Code 16509	FDSTC/MM/DD/AVAVAIR SS #
Scattish Rite	9/21/17 480 Description of Expenditure
HOUSEH 4701 Street Address Old 2 uch Rd	hall rental jundiane.
Ene PA (600) 16506	hall remarguments

PAGEOF	PAGE	0	F
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#### SCHEDULE III

# STATEMENT OF EXPENDITURES

CTE Kathy Fatica	From 6-5-17 To 10 /23 //)
To Whom Raid  Alix West  Mailing Address	9 23 17 \$ 1,904.76
3826 West Ridge Rd City Ph 16506-	Josephion of Expenditure  food & Leverages  for fundament
To Whom Paid Millcreek Benocratic Composittes Mailing Address	) 10 16 17 \$ 240.00
City Cie Hershey State Zip Code (Pius 4)	CC DP Beef Ballat
To Whom Paid  Mailing Address  Mailing Address	Description of Expenditure
1001 State State Zip Code (Plus 4	compaign ad
To Whom Paid The Country Printing Mailing Address N	MRO CAY YEAR Amount  10 19 17 \$ 3289.57  Description of Expenditure
246 ( 7 5 ).  City (	pasterge for
To Whom Paid  MC Courty Printing  Mailing Address Of The Printing	Amount  10 19 17 \$242,88  Description of Expenditure
246 6 7 St.  City Crie State Zip Code (Plus 4) PA 16503	flyers
To Whom Paid  Mailing Address	Description of Expenditure
205 W 12 State Zip Code (Plus 4)  City (Frie	campaign ad
To Whom Paid  Mailing Address	MIC CA XEAR Amount \$ Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid  Mailing Address	MO CAY YEAR Amount S  Description of Expenditure
City State Zip Code (Plus 4)	
Enter Grand Total of Expenditures on Page 1, Report Cover	Page, Item D. PAGE TOTAL \$ 6555,71

### SCHEDULE IV

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

TilezidentifizitionNumber	
City  Description of Debt  (Name of Greditor House # Street	KATHIEEN FATICAT  EtiAddress  Southern & DATE DEBTINGURED  [MM/OD/YYYY]  OR/28/2017  Campaign start up for expenses  Outstanding Balance of Debt.  DATE DEBTINGURED  [MM/OD/YYYY]  OUTSTANDING BALANCE OF DEBT.
Gity. Description of Debt	State Soldiess   DATE DEBT INCURRED   Sulphing Balance of Debt   Sulphing B
Gity  (Description of Debt  (Name of Greditor)	State Zip Gode : Woutstanding/Balance of Debt
City Description of D45	State Zip Code    Code   Date   Dest   Neurre   Standing Balance of Debt   Standing Balance   Standing Balan
@by Description(of)Debt	State: Zip Gode